

MAR 24 2005

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DATE: 3/24/05

PTO IDENTIFIER: Application Number 09/758,798-Conf. #9352  
Patent Number

Inventor: Robert C. Frisch et al.

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FROM: NUTTER MCCLENNEN & FISH LLP

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Attorney Dkt. #: 102323-0062

PAGES (Including Cover Sheet): 3

CONTENTS: Interview Request (1 page)  
Certificate of Transmission (1 page)

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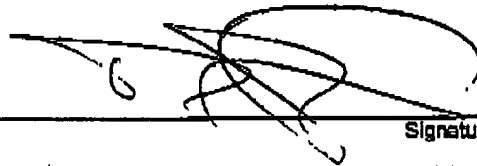
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Attorney Docket No.: 102323-0062

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Interview Request (1 page)

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**Applicant Initiated Interview Request Form**

Application No.: 09/758,798-Conf. #9352 First Named Applicant: Robert C. Frisch  
Examiner: B. D. Nguyen Art Unit: 2681 Status of Application: FILED CASE

**Tentative Participants:**

(1) Examiner Nguyen (2) David Powsner  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: Mid April Proposed Time: At the Examiner's convenience (AM/PM)

**Type of Interview Requested:**

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1, 4-17</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

Proposed amendments to the claims

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:**

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

\_\_\_\_\_  
Typed/Printed Name of Applicant or Representative

\_\_\_\_\_  
Registration Number, if applicable